SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

Page 1 of 17

2017 JUL 13 AM 10: 30

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TO VIN AND CLERK

BRISTOL. CT

COVER PAGE

| 1. NAME OF COMMITTEE | COVI | A TAGE DING | HUL, CI |
|---|---|--|--|
| Fortier 2017 | | · | |
| 2. TREASURER NAME | | | |
| First Karen | MI C | Last Hintz | Suffix |
| 3. TREASURER ADDRESS Street Address | | | |
| 103 Garden St. | City | Bristol | State CT Zip Code 06010 |
| 4. ELECTION/REFERENDUM DATE | 5. OFFICE SOUGHT (Complete only | v if Candidate Committee) | 6. DISTRICT NUMBER |
| (mm/dd/yyyy) 11/07/17 | City Councilor 3rd | | (if applicable) 3rd |
| 7. CANDIDATE NAME (Complete only if a | | | |
| Mary | MI B | Fortier | Suffix |
| 8. TYPE OF REPORT (Check One Box) | | | |
| ☐ January 10 filing | ☐ 7th day preceding primary | ☐ 7th day preceding referendum | ☐ Initial Contribution or Disbursement |
| ☐ April 10 filing | ☐ 30 days following primary | ☐ 45 days following referendum | (PACs ONLY) ☑ Amendment to |
| ☐ July 10 filing | ☐ 7th day preceding election | ☐ Deficit | Type of Report: |
| ☐ October 10 filing | ☐ 12th day preceding election (State Central Committees Only) | ☐ Termination | July 10 |
| ☐ 24 Hour Independent Expenditure O Primary O Election | ☐ 45 days following election not held in November | | |
| 9. PERIOD COVERED | | | |
| 4 | Beginning Date | Ending Date | |
| - | 04/01/17 | thru06/30/17 | |
| 10. CERTIFICATION | | | |
| | ciod covered is true, accurate a | all of the information set forth on the and complete. Aven Hirtz T NAME OF SIGNER | is Itemized Campaign Finance |
| | | | |
| A person who is t | found to have knowingly and wi | Ilfully violated any provisions of the | e campaign finance statutes |
| 1 | faces a civil per | nalty or imprisonment or both. | - compargujuance simmes |

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

SUMMARY PAGE TOTALS

| Fortier 2017 Luly 10 Amendment COLUMN A This Period COLUMN A This Period COLUMN B Balance on hand at the beginning of Reporting Period O COLUMN B Bulance on hand at the beginning of Reporting Period O COLUMN B BULANCE COL | NAME OF COMMITTEE (Pravide Complete Name as Registered with Filing Repository) | TYPE OF REPORT | |
|--|--|-------------------|-----------|
| This Period Aggregate 11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees 12. Balance on hand at the beginning of Reporting Period 0 13. Contributions Received from Individuals (Sections A and B) 1405 14. Receipts from Other Committees (Sections C1 and C2) 0 15. Other Monetary Receipts (Sections D through K) 0 16a. Total Proceeds from Small Purchases (Section LI Subpart 1 + Subpart 3) 16b. Fer Public Set 11.48. Affective Jonuary 1. 2013 Section L3 venoved 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) 0 17. Total Monetary Receipts (add totals for Lines 13 through 16c) 1405 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) 1405 19. Expenses Paid by Committee (Section P) 0 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) 21. In-Kind Donations not Considered Contributions Received (Section L4) 0 22. In-Kind Donations not Considered Contributions—House Party (Section L5) 272.22 23. In-Kind Contributions Received (Section M) 24. Refundable Deposit to Telephone Company (Section N) 0 25. Loan Balance 25a. + Loans Received (Section D) 25b. + Interest and Penalties on Loan | Fortier 2017 | July 10 Amendment | |
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| 25a. + Loans Received (Section D) 25b. + Interest and Penalties on Loan | 24. Refundable Deposit to Telephone Company (Section N) | 0 | |
| 25b. + Interest and Penalties on Loan | 25. Loan Balance | | |
| | 25a. + Loans Received (Section D) | | |
| 25c Payments on Loan | 25b. + Interest and Penalties on Loan | | |
| | 25c Payments on Loan | | |
| 25d. Total Outstanding Loan Amount | 25d. Total Outstanding Loan Amount | | |
| 26. Campaign Expenses Paid by Candidate (Section Q) | 26. Campaign Expenses Paid by Candidate (Section Q) | 0 | |
| 27. Expenses Incurred on Committee Credit Card (Section R) | 27. Expenses Incurred on Committee Credit Card (Section R) | _ | |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | | |

I. MONETARY RECEIPTS (Sections A-K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository | TYPE OF REI | POPT |
|---|--|----------------------------------|
| Fortier 2017 | | y 10 Amendment |
| A. Total Contributions from Small Contributors-Rece | yed this Pariod ONLY | / 10 Amendment |
| (See instructions for definition of Small Contributor) | SUBTOTAL SECTION A \$ | |
| | | |
| D. Hand 16 | | |
| Last Name | ntributions from Individuals | |
| Casey | Steven | MI |
| Residential Street Address | City _ | State Zip Code |
| 83 Peachtree Lane | Bristol | CT 06010 |
| Principal Occupation Retired State Employee | Name of Employer | |
| Is contributor a lobbyist, spouse, | | |
| | to a candidate for a chief executive officer of a murici associated with have a contract with said munici | pality |
| Is this contribution associated with an Yes Is contributor a principal of | state contractor or prospective state contractor? | □ Yes 100.00 |
| event reported in Section L1? | ich or branches | ☑ No |
| Method of Contribution: | Date Received Aggregate Contrib | utions |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone | Order 04/08/17 . | |
| Last Name | First | MI |
| Hintz | Karen | 172 |
| Residential Street Address | City | State Zip Code |
| 103 Garden St Principal Occupation | Bristol | CT 06010 |
| HR Consultant | Name of Employer Ventura TMS | |
| Is contributor a lobbyist, spouse, | a candidate for a chief executive officer of a muni | icinality Amount of Contributi |
| or dependent child of a lobbyist? No Valued at more than \$5,000? | s associated with have a contract with said municip Yes No | Amount of Contribution pality |
| s this contribution associated with an Yes Is contributor a principal of a | tate contractor or prospective state contractor? | ☐ Yes 100.00 |
| weent reported in Section L1? No If yes, indicate which broof government the contra | ch or branches | No Society |
| Method of Contribution: | Executive Legislative Date Received Aggregate Contribu | tions |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone | Order 04/08/17 | |
| Last Name | First | MI |
| Ziogas | Christopher | |
| Residential Street Address 32 Woodland St | ity | State Zip Code |
| Principal Occupation | Bristol | CT 06010 |
| Financial Planner | Name of Employer | |
| | Ziogas Financial P | |
| | a candidate for a chief executive officer of a municassociated with have a contract with said municipal Yes No | cipality, Amount of Contribution |
| s this contribution associated with an Yes Is contributor a principal of a | | 100.00 |
| vent reported in Section L1? | h or branches | □Yes □No |
| If yes, fist Event # of government the contract Method of Contribution: | | |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money | | OHS |
| SUB | OTAL Section B — This Page | 300.00 |
| | of additional Section B Pages | |
| TOTAL OF ALL CONTRIBUTIONS FROM | • | 1105.00 |
| (Enter total on Line | Column A of Summary Page Totals) | 1405.00 |

Section B ADDITIONAL PAGE _ 1 of _ 10

| NAME OF COMMITTEE (Provide Complete N | Name as Registered with Filing Repository) | | | TYPE OF REPORT | | |
|---|--|-------------------------|--|--|----------|---------------------|
| Fortier 2017 | | | | July 10 Ame | ndmen | t |
| A. Total Contributions from (See instructions for definition of Sma | Small Contributors-Recei | ved tl SUBT | his Period ONLY OTAL SECTION A | \$ | | |
| | | | | <u> </u> | | |
| | B. Itemized Co | ontrib | outions from Indivi | iduals | | |
| Last Name Wright | | F | irst Christopher | | | MI A |
| Residential Street Address 35 Ruth St Unit 49 | | City | Bristol | | State | Zip Code 06010 |
| Principal Occupation Patient Registrar | | 1 | Name of Employer St Francis Ho | ospital | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes | does contributor or business he/she |) to a car e is asso | ndidate for a chief executive ciated with have a contract | ve officer of a municipality | | unt of Contribution |
| Is this contribution associated with an event reported in Section L1? | Yes Is contributor a principal of a No If yes, indicate which bra | state co | ☐ Yes ☑ No ontractor or prospective state branches | te contractor? | | 00.00 |
| If yes, list Event # | of government the contra | ct is wit | th: Executive Date Received | ☐ Legislative Aggregate Contributions | _ | |
| ☑ Cash ☐ Personal Check ☐ Credit/Debit of | t Card Payroll Deduction Mone | y Order | 04/24/17 | | | |
| Last Name Wilson | | Fin | Christopher | | | MI |
| Residential Street Address 71 Perkins St | | City | Bristol | | State CT | Zip Code 06010 |
| Principal Occupation | | <u> </u> | Name of Employer | | | |
| Insurance Agent | T ₂₀ | | CV Mason | | | |
| Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No | If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? | to a can is assoc | ididate for a chief executive ciated with have a contract Yes No | e officer of a municipality with said municipality | | ant of Contribution |
| | Yes No Is contributor a principal of a If yes, indicate which bra of government the contra | nch or l | branches | ■ No | | |
| Method of Contribution: | or government the contra | ct is with | | Legislative Aggregate Contributions | 4 | |
| ☑ Cash ☐ Personal Check ☐ Credit/Debit C | Card □ Payroll Deduction □ Money | Order | 05/15/17 | 1 2561 O Sale Contributions | | |
| Last Name | | Fire | st | | | MI |
| McCauley | | | Kevin | | | |
| Residential Street Address | | City | | | State | Zip Code |
| 19 Spring St | | | Bristol | | CT | 06010 |
| Principal Occupation | | | Name of Employer | | | |
| Firefighter | | | City of Brist | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No | If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? | to a cand is associ | didate for a chief executive iated with have a contract v | officer of a municipality, with said municipality | | nt of Contribution |
| Is this contribution associated with an event reported in Section L1? | No If yes, indicate which bran | ich or b | stractor or prospective state | contractor? Yes | | 25.00 |
| Method of Contribution: | of government the contrac | t is with | | ☐ Legislative Aggregate Contributions | 4 | |
| ☑ Cash ☐ Personal Check ☐ Credit/Debit C | Card □ Payroll Deduction □ Money | Order | 04/24/17 | Aggregate Contributions | | |
| | SUBT | OTAI | L Section B — This I | Page 225. | 00 | |
| | TOTAL | of add | ditional Section B Pa | iges | | |
| TOTAL OF A | ALL CONTRIBUTIONS FROM (Enter total on Line I | LINDI 3, Colm | VIDUALS (Sections A mn A of Summary Page Te | + B) otals) | | |

Section B ADDITIONAL PAGE 2 of 10

| Fortier 2017 | ne as Registered with Filing Repository) | | | TYPE OF REPORT | | |
|--|--|-------------------|---|--|----------|--------------------|
| | | | | July 10 Am | endme | ent |
| A. Total Contributions from S (See instructions for definition of Small | | | nis Period ONLY OTAL SECTION A | \$ | | |
| | - | | | | | |
| Last Name | B. Itemized Co | | utions from Indivi | duals | | |
| Gamache | | | Timothy | | | J J |
| Residential Street Address 1380 Stafford Ave #3 | 11 | City | Bristol | | State CT | Zip Code 06010 |
| Principal Occupation | | | Name of Employer | | | |
| Retired | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? | to a car | ndidate for a chief executive ciated with have a contract | e officer of a municipality with said municipality | | nt of Contribution |
| | Yes Is contributor a principal of a If yes, indicate which brain of government the contract | nch or l | ntractor or prospective state | _ No | | 7.00 |
| Method of Contribution: | of government the contract | or is wit | Date Received | Legislative Aggregate Contributions | _ | |
| ☑ Cash ☐ Personal Check ☐ Credit/Debit Ca | ard □Payroll Deduction □Money | Order | 05/15/17 | 115grogato Contributions | | ĺ |
| Last Name Cowdell | | Fir | Robin | | | K K |
| Residential Street Address 29 Overlook Ave | | City | Bristol | | State CT | Zip Code 06010 |
| Principal Occupation | | | Name of Employer | | | |
| Accounting | | | | cher-Terry Co | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No | If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000? | to a candis assoc | didate for a chief executive iated with have a contract value of Yes X No | officer of a municipality, with said municipality | į. | nt of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | Is contributor a principal of a solution of government the contract | nch or t | oranches | ☑ No | | |
| Method of Contribution: | or government the contrac | t is with | | Aggregate Contributions | - | · |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca | ard Payroll Deduction Money | Order | 05/15/17 | | | |
| Last Name Stafford | | Firs | Sandra | | <u> </u> | МІС |
| Residential Street Address 441 Clark Ave #24 | | City | Bristol | | State Z | Zip Code 06010 |
| Principal Occupation Retired | | | Name of Employer | | | |
| or dependent child of a lobbyist? | If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000? | o a cand | iated with have a contract v | officer of a municipality, with said municipality | ł | t of Contribution |
| Is this contribution associated with an event reported in Section L1? | es Is contributor a principal of a s | tate con | ☐ Yes ☑ No tractor or prospective state ranches | contractor? |] 2 | 25.00 |
| If yes, list Event # | of government the contract | t is with | | ☐ Legislative |] | |
| Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Car | rd □Payroll Deduction □Money | Order | Date Received 05/15/17 | Aggregate Contributions | | |
| | SUBT | OTAI | Section B — This I | ² age 105 | .00 | |
| | TOTAL | of ad | ditional Section B Pa | | | |
| TOTAL OF AI | LL CONTRIBUTIONS FROM (Enter total on Line 1. | INDI 3, Colui | VIDUALS (Sections A mn A of Summary Page To | + B) otals) | | |

Section B ADDITIONAL PAGE 3 of 10

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | | |
|--|-----------------------------|---|---|----------|--------------------------|
| Fortier 2017 | | | July 10 Ame | ndment | |
| A. Total Contributions from Small Contributors-Recei | | eriod ONLY SECTION A | \$ | | |
| | | | | | |
| B. Itemized Co | ntributior | ns from Indiv | iduals | | |
| Vibert Residential Street Address | | Karen | | | MI |
| 114 Brace Ave | City | Bristol | | State | Zip Code 06010 |
| Principal Occupation | Name | e of Employer | | | |
| Court Stenographer Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 | 1.1.4 | Self | 207 | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? | e is associated v | with have a contract Yes No | t with said municipality | | nt of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra | nch or branch | es | te contractor? Yes No Legislative | | |
| Method of Contribution: | - I | Received | Aggregate Contributions | - | |
| ☐ Cash ☐ Payroll Deduction ☐ Mone | y Order | 5/15/17 | | | |
| Last Name Minor | First | | | | MI |
| IVIIIOI Residential Street Address | | .aura | | | S |
| 88 Anderson Ave | | istol | | State Z | Zip Code 06010 |
| | | of Employer | | | |
| Staff Development Mgr Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 | | Wheeler C | | <u> </u> | |
| or dependent child of a lobbyist? Me lobes contributor or business he/she valued at more than \$5,000? | is associated w | with have a contract Yes X No | with said municipality | | t of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # No Is contributor a principal of a figure which bra of government the contra | nch or branch | es | te contractor? Yes Yes No Legislative | | |
| Method of Contribution: | Date R | Received | Aggregate Contributions | 1 | |
| ☐ Cash ☐ Payroll Deduction ☐ Money | Order 0 | 5/15/17 | | | |
| Last Name | First | - | | | MI |
| Taylor Residential Street Address | | Γina | | | M |
| 32 Broad Pl | City B | ristol | | State CT | Cip Code 06010 |
| Principal Occupation | | of Employer | | | |
| Teacher | | | ublic Schools | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? | is associated w | for a chief executive with have a contract Yes No | e officer of a municipality, with said municipality | | t of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, indicate which brain of government the contraction of government the contraction. | nch or branche | s | ₩No | | |
| Method of Contribution: | Date R | eceived | Aggregate Contributions | , | |
| ☐ Cash 【 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money | Order 0 | 5/15/17 | | | |
| SUBT | OTAL Sect | tion B — This | Page { | 35.00 | |
| | | ial Section B P | <u> </u> | | |
| TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I | I INDIVIDU 3, Column A o | ALS (Sections A of Summary Page 1 | + B) Totals | | |

Section B ADDITIONAL PAGE 4 of 10

| NAME OF COMMITTEE (Provide Complete Name as Reg | gistered with Filing Repository) | | | TYPE OF REPORT | | |
|---|--|------------------------|--|---|----------|----------------------|
| Fortier 2017 | | | | July 10 Ame | endme | nt |
| A. Total Contributions from Small (See instructions for definition of Small Contrib | | | is Period ONLY OTAL SECTION A | \$ | | |
| | | | | | | |
| Last Name | B. Itemized Co | | utions from Indivi | duals | | |
| Barney | | Fi | Sabrina | | | МІС |
| Residential Street Address 72 Mano Ln | | City | Bristol | | State | Zip Code 06010 |
| Principal Occupation | | | Name of Employer | | L | |
| Hygienist | | | | nily Dental | | |
| or dependent child of a lobbyist? | tribution is in excess of \$400 ontributor or business he/she at more than \$5,000? | to a can is assoc | didate for a chief executive iated with have a contract Yes No | e officer of a municipality with said municipality | | ount of Contribution |
| Is this contribution associated with an event reported in Section L1? No If yes, list Event # 062317A | s contributor a principal of a s If yes, indicate which bran of government the contract | nch or b | ranches | ☑ No | | 20.00 |
| Method of Contribution: | of government the contrac | i is will | Date Received | ☐ Legislative Aggregate Contributions | 4 | |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ I | Payroll Deduction Money | Order | 06/23/17 | Aggregate Contributions | | |
| Last Name | | Firs | _ | <u></u> | | MI |
| Barney | | | Brittany | | | |
| Residential Street Address 128 Queen St | | City | Bristol | | State CT | Zip Code 06010 |
| Principal Occupation | | | Name of Employer | | | |
| Training Facilitator | | | Connectica | | | |
| or dependent child of a lobbyist? No does co | ribution is in excess of \$400 to ontributor or business he/she at more than \$5,000? | to a cand is associ | lidate for a chief executive ated with have a contract Yes No | e officer of a municipality, with said municipality | | unt of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # _062317A | s contributor a principal of a s If yes, indicate which brar of government the contract | nch or b | ranches | 🔀 No | | · |
| Method of Contribution: | or government the contrac | t is with | | Legislative Aggregate Contributions | - | |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ P | ayroll Deduction Money | Order | 06/23/17 | - 28 - Paris Controllis | | - |
| Last Name | | Firs | | | | MI |
| Dumelin | | 1 | Bryan | | | c |
| Residential Street Address | | City | | | State | Zip Code |
| 168 Maple Ave | | | Bristol | | CT | 06010 |
| Principal Occupation | | | Name of Employer | | | |
| Graphic Designer | | | The Hartfo | | | |
| or dependent child of a lobbyist? \(\bullet \) No does co | ribution is in excess of \$400 to entributor or business he/she is at more than \$5,000? | o a cand s associ | idate for a chief executive ated with have a contract value Yes No | officer of a municipality, with said municipality | 1 | nt of Contribution |
| event reported in Section LTV | contributor a principal of a st If yes, indicate which bran- | ch or br | anches | contractor? Yes | | 20.00 |
| If yes, list Event # U62317A Method of Contribution: | of government the contract | | | Legislative | | |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ P. | ayroll Deduction Money (| l l | 06/23/17 | Aggregate Contributions | | |
| | SUBT | OTAL | Section B — This I | Page 60. | 00 | |
| | TOTAL | of ado | litional Section B Pa | | | |
| TOTAL OF ALL CO | NTRIBUTIONS FROM (Enter total on Line 13 | INDIV | /IDUALS (Sections A nn A of Summary Page To | + B) otals) | | |

Section B ADDITIONAL PAGE 5 of 10

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |) | 1 | TYPE OF REPORT | | |
|--|--------------------------|---|---|----------|---------------------------|
| Fortier 2017 | | | July 10 A | \men | dment |
| A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) | | nis Period ONLY OTAL SECTION A | \$ | | |
| | | | | | |
| | ontrib | utions from Indiv | iduals | | |
| Last Name | Fi | rst | | | MI |
| Residential Street Address | la: | Thomas | | | J |
| 651 Lake Ave #38 | City | Bristol | | State | Zip Code 06010 |
| Principal Occupation | | Name of Employer | | <u> </u> | |
| Retired | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000? | 0 to a car ne is asso | ndidate for a chief executive ciated with have a contract Yes | ve officer of a municipality with said municipality | /, Ame | ount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 062317A Wes Is contributor a principal of a lifyes, indicate which brace of government the contraction. | anch or l | ntractor or prospective state | te contractor? Yes No | | 40.00 |
| If yes, list Event # U62317A of government the contra | act is wit | | ☐ Legislative | | |
| Cash Personal Check Credit/Debit Card Payroll Deduction Mone | ey Order | Date Received | Aggregate Contributions | | |
| Last Name | Fir | st | | | MI |
| Caron | | Kim | | | |
| Residential Street Address | City | | | State | Zip Code |
| 101 Lakeside Dr #102 Principal Occupation | | Bristol | | CT | 06010 |
| • | | Name of Employer | | | |
| Banker (Is contributor a lobbyist, spouse, | | Liberty B | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? |) to a can e is assoc | didate for a chief executive iated with have a contract Yes No | e officer of a municipality with said municipality | 1 | unt of Contribution 20.00 |
| Is this contribution associated with an Sevent reported in Section 12 of a No If yes, indicate which has | a state coi | ntractor or prospective stat | e contractor? | 1 | |
| event reported in Section L1? If yes, list Event # 062317A No If yes, indicate which bra of government the contra | anch or t act is witl | | ☐ Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | 1 | |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money | y Order | 06/23/17 | | | |
| Last Name | Firs | st | | | MI |
| McCauley | | Kevin | | | C |
| | City | _ | | State | Zip Code |
| 19 Spring St Principal Occupation | <u> </u> | Bristol | | CT | 06010 |
| | | Name of Employer | | | |
| Firefighter | | City of B | | | |
| s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? | to a cand is associ | lidate for a chief executive ated with have a contract value Yes No | officer of a municipality, with said municipality | | ant of Contribution |
| is this contribution associated with an Yes Is contributor a principal of a | state con | tractor or prospective state | contractor? | 3 | 30.00 |
| statis contribution associated with an event reported in Section L1? **If yes, list Event # 062317A* No If yes, indicate which brain of government the contract of government the government of government the contract of government the government of governmen | nch or bi | ranches | ☐ Legislative | | |
| Method of Contribution: | | | Aggregate Contributions | 1 | |
| X Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money | Order | 06/23/17 | | | |
| SUB1 | ГОТАІ | Section B — This I | Page | 90.00 |) |
| TOTAL | ے of ado | ditional Section B Pa | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1 | A INDIV 13, Colui | VIDUALS (Sections A nn A of Summary Page T | + B) otals) | | |

Section B ADDITIONAL PAGE 6 of 10

| NAME OF COMMITTEE (Provide Complete No. | ime as Registered with Filing Repository) | | | TYPE OF REPORT | | |
|--|--|------------------------|---|---|-------------|---------------------------|
| Fortier 2017 | | | | July 10 Ar | nendn | nent |
| A. Total Contributions from S | | | | \$ | | |
| (See instructions for definition of Smal | l Contributor) | SUBT | OTAL SECTION A | Ψ | | |
| | | | | | | |
| | B. Itemized Co | ntrib | outions from Indivi | iduals | | |
| Last Name | | | irst | | | MI |
| Wolfe Residential Street Address | | | William | · | | М |
| 82 Treble Rd | | City | Bristol | • | State | Zip Code 06010 |
| Principal Occupation | , , , , , , , , , , , , , , , , , , , | | | | | 00010 |
| Manager | | | Name of Employer | . 1 | | |
| Is contributor a lobbyist, spouse, Yes | If contribution is in excess of \$400 | to a car | City of Brist | | | |
| or dependent child of a lobbyist? | does contributor or business he/she valued at more than \$5,000? | is asso | ciated with have a contract Yes No | with said municipality | | unt of Contribution |
| event reported in Section L1? | Yes Is contributor a principal of a No If yes, indicate which bra | nch or l | branches | ☑ No | | 50.00 |
| If yes, list Event # 062317A Method of Contribution: | of government the contract | et is wit | | ☐ Legislative | _ | |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit C | Card □ Payroll Deduction □ Money | Order | Date Received 06/23/17 | Aggregate Contributions | | |
| Last Name | | Fir | | | | MI |
| Petosa | | | Michael | | | L |
| Residential Street Address | | City | Bristol | | State | Zip Code |
| 30 Walnut St | | | | | СТ | 06010 |
| Supervisor | | | Name of Employer State of CT | | | |
| Is contributor a lobbyist, spouse, Yes | If contribution is in excess of \$400 | to a can | 1 | | | |
| or dependent child of a lobbyist? 🙀 No | does contributor or business he/she valued at more than \$5,000? | is assoc | iated with have a contract viated with have a contract viated With have a contract via Yes No | with said municipality | , Amou | ant of Contribution 25.00 |
| event reported in Section I 12 | Yes Is contributor a principal of a s | state con | ntractor or prospective state | e contractor? | 1 | 23.00 |
| If yes, list Event # 062317A | No If yes , indicate which brand of government the contract | ncn or t et is with | | ☐ Legislative | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions | † | |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit C | ard □ Payroll Deduction □ Money | Order | 06/23/17 | | | |
| Sonstrom Sonstrom | 1 | Firs | Maureen | | | MI |
| Residential Street Address | | City | | | | D |
| 260 Fern Hill Rd | | | Bristol | | CT | Zip Code 06010 |
| Principal Occupation | | | Name of Employer | | | |
| Retired | | | | | | |
| Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? | If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000? | o a cano s associ | didate for a chief executive iated with have a contract v Yes No | officer of a municipality, with said municipality | | nt of Contribution |
| Is this contribution associated with an | | tate con | | contractor? | _ 20 | 0.00 |
| event reported in Section L1? If yes, list Event # 062317A | No If yes , indicate which bran of government the contract | ch or bi | ranches | No | | |
| Method of Contribution: | or government the contract | | | Legislative Aggregate Contributions | 4 | |
| XI Cash ☐ Personal Check ☐ Credit/Debit Ca | ard Payroll Deduction Money | | 06/23/17 | oo omalouions | | |
| | SUBT | OTAI | Section B — This I | Page O | 5.00 | |
| | | | ditional Section B Pa | | 5.00 | |
| TOTAL OF A | LL CONTRIBUTIONS FROM | INDIV | VIDUALS (Sections A | + B) | | |
| | (Enter total on Line 1. | s, Colui | mn A of Summary Page To | otals) | | |

Section B ADDITIONAL PAGE 7 of 10

| NAME OF COMMITTEE (Provide Complete Name as Register | red with Filing Repository) | | | TYPE OF REPORT | | | |
|---|--|--------------------|--|---|-------------|--|--------------|
| Fortier 2017 | | | | July 10 Ame | ndmer | nt | |
| A. Total Contributions from Small Contributor, (See instructions for definition of Small Contributor, | | | is Period ONLY OTAL SECTION A | \$ | | | |
| | | | | | | | |
| Last Name | B. Itemized Co | ntrib | utions from Indivi | duals | | | |
| Matthews | | Fi | rst Kate | - | | | MI |
| Residential Street Address | | City | D · | | State | Zip (| |
| 47 Prospect PI Principal Occupation | | | Bristol | | СТ | 0 | 6010 |
| Attorney | | | Name of Employer Gold & Levy | | | | |
| of dependent child of a lobbyist? | tion is in excess of \$400; ibutor or business he/she nore than \$5,000? | to a car | ididate for a chief executive ciated with have a contract Yes No | e officer of a municipality | | ount of 20.0 | Contribution |
| event reported in Section L1? No If | ntributor a principal of a styes, indicate which brand f government the contract | ıch or t | ntractor or prospective state | e contractor? Yes | 7 | 20.0 | |
| Method of Contribution: | - B | | Date Received | Aggregate Contributions | - | | |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payro | oll Deduction | | 06/23/17 | - Sp. South Control | | | |
| Brown | | Fire | st Calvin | | | | A A |
| Residential Street Address 122 George St | | City E | Bristol | | State CT | Zip C | ode 06010 |
| Principal Occupation ED Workforce Dev | | | Name of Employer | A 1 - | | <u>. </u> | |
| | ion is in excess of \$400.4 | | CT Center fo | | | | |
| or dependent child of a lobbyist? No does contrit valued at m | butor or business he/she i ore than \$5,000? | s assoc | didate for a chief executive inted with have a contract Yes X No | officer of a municipality with said municipality | | unt of 50.0 | Contribution |
| We well reported in Section L17 | tributor a principal of a s yes, indicate which bran f government the contract | ich or b | | ☐ No | | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions | - | | |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payro | ll Deduction Money (| Order | 06/23/17 | | | | |
| Last Name Sullivan | | Firs | Sarah | | | | мі D |
| Residential Street Address | C | City | | | State | Zip Co | ode |
| 155 Ashley Rd | | | Bristol | ` | СТ | 0 | 6010 |
| Principal Occupation | | | Name of Employer | | | | |
| Mktng Manager | | | ESPN | | | | |
| or dependent child of a lobbyist? No does contrib | on is in excess of \$400 to outor or business he/she is ore than \$5,000? | a cand s associ | idate for a chief executive ated with have a contract v | officer of a municipality, with said municipality | Amou | int of (| Contribution |
| event reported in Section L17 | ves, indicate which branc | ch or br | | □ No | | 00.0 | |
| Method of Contribution: | government the contract | | | Legislative Aggregate Contributions | - | | |
| ☐ Cash ☐ Payrol ☐ Cash ☐ Card ☐ Payrol | Il Deduction ☐Money (| | 06/23/17 | 15grogate Contributions | | | |
| | SUBTO | OTAL | Section B — This I | ² age 120 | 0.00 | | · |
| | | | litional Section B Pa | iges | | - | |
| TOTAL OF ALL CONTI | RIBUTIONS FROM (Enter total on Line 13 | INDIV , Colum | /IDUALS (Sections A nn A of Summary Page Te | + B) otals) | | | |

Section B ADDITIONAL PAGE 8 of 10

| NAME OF COMMITTEE (Provide Complete Na | me as Registered with Filing Repository) | | | TYPE OF REPORT | | |
|---|--|-----------------|--|---|-------|---------------------|
| Fortier 2017 | | | | July 10 A | nendm | ent |
| A. Total Contributions from S (See instructions for definition of Small | | | oral Section A | \$ | | |
| | D. Itamired Co. | | - 4: C - T - T - T | | | |
| Last Name | b. Remized Col | | utions from Indivi | duals | | MI |
| Hintz | | | Kenneth | | | |
| Residential Street Address | i i | City | Bristol | | State | Zip Code |
| 14 Washington | ડા | | | | СТ | 06010 |
| Retired | | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | If contribution is in excess of \$400 t | o a car | Indidate for a chief executiv | e officer of a municipality, | Amou | int of Contribution |
| | does contributor or business he/she valued at more than \$5,000? | | ☐ Yes X No | | | 50.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 062317A | Yes Is contributor a principal of a s No If yes, indicate which bran | ch or l | branches | ☑ No | | |
| Method of Contribution: | of government the contract | t is wit | n: | Legislative Aggregate Contributions | _ | |
| ☐ Cash 💆 Personal Check ☐ Credit/Debit C | Eard □ Payroll Deduction □ Money | Order | 06/23/17 | r sprogue contributions | | |
| Last Name | | Fir | | | L | MI |
| Preleski | | | David | | | |
| Residential Street Address | | City | | | State | Zip Code |
| 193 Hollyberry Rd Principal Occupation | | | Bristol | | CT | 06010 |
| Attorney | | | Name of Employer Vitrano. P | releski & Wyn | ne | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes | If contribution is in excess of \$400 to | o a can | didate for a chief executive | officer of a municipality | | nt of Contribution |
| or dependent ennu or a robbytst: | does contributor or business he/she is valued at more than \$5,000? | s assoc | uated with have a contract Yes X No | with said municipality | | 50.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 062317A | No If yes, indicate which bran | ch or t | oranches | ☑ No | | |
| Method of Contribution: | of government the contract | is wit | h: Executive Date Received | Legislative Aggregate Contributions | | |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca | ard □Payroll Deduction □Money (| Order | 06/23/17 | 33 · 8 | | |
| Last Name | | Fire | | | L | MI |
| Ferraro | | | John | | , | F |
| Residential Street Address 124 Sherbrooke St | | City | Priotol | S | | Zip Code |
| Principal Occupation | <u> </u> | | Bristol Name of Employer | | CT | 06010 |
| Retired | | | | _ | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No | If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000? | a cano assoc | didate for a chief executive iated with have a contract value Yes X No | officer of a municipality, with said municipality | | t of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 062317A | | ch or b | ranches | No | _ | |
| Method of Contribution: | or government the contract | is with | | Legislative Aggregate Contributions | | |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca | ard □ Payroll Deduction □ Money (| Order | 06/23/17 | | | |
| | SUBTO | TAI | Section B — This I | Page 125.0 | 00 | |
| | TOTAL | of ad | ditional Section B Pa | | | |
| TOTAL OF A | LL CONTRIBUTIONS FROM (Enter total on Line 13 | INDI , Colu | VIDUALS (Sections A mn A of Summary Page T | +B) (otals) | | |
| | | | | | | |

Section B ADDITIONAL PAGE 9 of 10

| NAME OF COMMITTEE (Provide Complete N | ame as Registered with Filing Repository) | | | TYPE OF REPORT | | |
|--|--|----------|--|--|-------|--------------------------|
| Fortier 2017 | | | | July 10 Am | endm | ent |
| A. Total Contributions from See instructions for definition of Small | Small Contributors-Recei ll Contributor) | ved (| this Period ONLY TOTAL SECTION A | \$ | | |
| | | | | I | | |
| | B. Itemized Co | ontri | butions from Indivi | duals | | |
| Last Name Hintz | | | First Dana | | | MI |
| Residential Street Address | | City | Dana | | State | Zip Code |
| 45 Frederick St | | 1 | Bristol | | СТ | 06010 |
| Principal Occupation | | | Name of Employer | | | 1 000.0 |
| RN | | | PSA Hea | lthcare | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? | to a c | andidate for a chief executive ociated with have a contract Yes No | e officer of a municipality with said municipality | , Amo | unt of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 062317A | Yes No Is contributor a principal of a If yes, indicate which bra | ınch oı | contractor or prospective stat | No | 1 | 25.00 |
| Method of Contribution: | of government the contra | ict is w | Date Received | Legislative | 4 | |
| Cash X Personal Check Credit/Debit | Card □ Payroll Deduction □ Mone | y Orde | | Aggregate Contributions | | |
| Last Name | | F | rirst | | | MI |
| Dorval | | | Andre | | | D |
| Residential Street Address | | City | Dwintel | | State | Zip Code |
| 80 Lakewood Circle | | | Bristol | | CT | 06010 |
| Principal Occupation | | | Name of Employer | | | |
| Probate Judge Is contributor a lobbyist, spouse, Yes | Tro- vii vi | | | Probate Cour | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? | to a ca | andidate for a chief executive ociated with have a contract Yes X No | officer of a municipality with said municipality | | int of Contribution 5.00 |
| | Yes Is contributor a principal of a If yes, indicate which bra of government the contra | inch or | branches | ☑ No | | |
| Method of Contribution: | of government the contra | Ct 15 W | Date Received | Aggregate Contributions | - | |
| ☐ Cash | Card ☐ Payroll Deduction ☐ Money | Order | 06/23/17 | | | |
| Last Name | | F | irst | | | MI |
| Beckett-Flores | | | Joshua | | | |
| Residential Street Address | | City | | | State | Zip Code |
| 8 Arrow Meadow Rd Principal Occupation | | 1 | New Fairfield | | СТ | 06010 |
| * * | | | Name of Employer | | | |
| Legislative Aide Is contributor a lobbyist, spouse, Yes | If contribution is in excess of \$400 | to a so | State of CT | CC C | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | does contributor or business he/she valued at more than \$5,000? | is asso | ciated with have a contract v | officer of a municipality, with said municipality | | nt of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # _062317A | Yes No Is contributor a principal of a s If yes, indicate which bran of government the contract | nch or | branches | contractor? ☐ Yes ☐ No ☐ Legislative | 3 | 0.00 |
| Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C | ard □ Payroll Deduction □ Money | Order | | Aggregate Contributions |] | |
| | SUBT | ОТА | L Section B — This I | Page 100.0 |)O | |
| | TOTAL | ofa | dditional Section B Pa | | | |
| TOTAL OF A | ALL CONTRIBUTIONS FROM (Enter total on Line 1 | | IVIDUALS (Sections A umn A of Summary Page To | | | |

Section B ADDITIONAL PAGE 10 of 10

| NAME OF COMMITTEE (Provide Complete Nam | ie as Registered with Filing Repository) | | | TYPE OF REPORT | | |
|---|--|-----------------------|---|---|----------|---------------------|
| Fortier 2017 | | | | July 10 A | \men | dment |
| A. Total Contributions from St (See instructions for definition of Small (| | | is Period ONLY OTAL SECTION A | \$ | | |
| | | | | 8 | | |
| Last Name | B. Itemized Co | | utions from Indivi | iduals | | |
| Sassu | : | Fir | Peter | | | J |
| Residential Street Address 58 Merriman St | | City | Bristol | | State CT | Zip Code 06010 |
| Principal Occupation | | | Name of Employer | | <u> </u> | <u> </u> |
| Police Officer | | | City of Brist | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000? | to a cand | didate for a chief executive iated with have a contract Yes No | re officer of a municipality with said municipality | | unt of Contribution |
| | Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract | nch or b | ntractor or prospective stater | te contractor? Yes No Legislative | 1 | 00.00 |
| Method of Contribution: | 9 Bo . 5 | /L 10 ***** | Date Received | Aggregate Contributions | - | |
| ☐ Cash | ard □Payroll Deduction □Money | Order | 06/23/17 | 1.00-00 | | |
| Last Name | | Firs | it | | _1 | MI |
| Residential Street Address | (| City | | · | State | Zip Code |
| | | , | | | State | Zip Code |
| Principal Occupation | , | | Name of Employer | 1 | | |
| or dependent child of a lobbyist? | If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000? | o a cand | didate for a chief executive intended with have a contract Yes No | e officer of a municipality, with said municipality | Amou | int of Contribution |
| Is this contribution associated with an event reported in Section L1? | r r r r r r r r r r r r r r r r r r r | nch or b | ranches | te contractor? Yes No | 1 | |
| Method of Contribution: | OI SO TOTALINOIDE DIO CONTRACTO | | Date Received | Aggregate Contributions | - | |
| □ Cash □ Personal Check □ Credit/Debit Car | rd Payroll Deduction Money | Order | | | | |
| Last Name | | First | t | | | MI |
| | | | | | | |
| Residential Street Address | ļc | City | | | State | Zip Code |
| Principal Occupation | | | Name of Employer | | | |
| or dependent child of a lobbyist? | If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000? | o a cand s associa | lidate for a chief executive ated with have a contract v | officer of a municipality, with said municipality | Amour | nt of Contribution |
| Is this contribution associated with an event reported in Section L1? | | ch or br | anches | □ No | | |
| Method of Contribution: | ox Bo. (0,1,1,1) | | | Aggregate Contributions | - | |
| ☐ Cash ☐ Personal Check ☐ Credit/Debit Car | d □ Payroll Deduction □ Money (| Order | | 50 3 | | |
| | SUBTO | OTAL | Section B — This 1 | Page 1 | 00.00 |) |
| | TOTAL | of add | litional Section B Pa | ages 13(| 05.00 | |
| TOTAL OF AL | L CONTRIBUTIONS FROM (Enter total on Line 13 | INDIV | VIDUALS (Sections A nn A of Summary Page T | + B) | 05.00 | |

I. MONETARY RECEIPTS (Sections A—K)

| | MITTEE (Provide Complete | Name as Registered v | vith Filing Reposi | uory) | | TYPE OF REPORT | ٢ |
|-------------------|---------------------------------------|---------------------------------|---------------------------|----------------------|---------------------------------------|-------------------------|------------------------|
| Fortier 20 | 17 | | | | | July 10 Ameno | lment |
| Name of Committee | | CI. C | ontributio | ons from C | ther Comm | | |
| | | | | | | | |
| Address | | | | Is this cont | ibution associate | d with an ☐ Yes ☐ No | Amount of Contribution |
| | | | | event repor | ted in Section L1 | ? Yes INO | randum of Contribution |
| City | | State | Zip Code | Date Rec | | Aggregate Contributions | 0 |
| | | | i · | | | \ \ | |
| Name of Committee | | | | | Name of Treasu | rer | |
| | | | | | | | |
| Address | | | | Is this contr | l ibution associated | lwith an ☐ Yes ☐ No | Amount of Contribution |
| | | | | event report | ed in Section L1? <i>If yes</i> , lis | | |
| City | | State | Zip Code | Date Rece | | Aggregate Contributions | - |
| | | | | | | | |
| Name of Committee | | | | | Name of Treasur | rer | |
| | | | | | | | |
| Address | · · · · · · · · · · · · · · · · · · · | | | Is this contr | bution associated | with an Yes No | Amount of Contribution |
| | | | | event report | ed in Section L1? If yes, list | | |
| City | · | State | Zip Code | Date Rece | | Aggregate Contributions | · |
| | | | | | | | |
| | C2. Rei | mbursement | s or Surph | us Distribi | itions from a | other Committees | |
| Name of Committee | | | • | | Name of Treasur | | |
| | | | | | | | |
| Address | | | | City | <u> </u> | | State Zip Code |
| | | | | | | | |
| Date Received | Expenditure # (if applicable) | Payment Type | | | | | Amount of Receipt |
| | | Reimburseme | nt for shared ex | kpense | arplus Distributio | n - | |
| Description | | | | | | | |
| Name of Committee | | | | | Name of Treasure | · | |
| | | | | | Tvame of freasure | | |
| Address | | | | City | | | State Zip Code |
| | | | | | | | State Zip Code |
| Date Received | Expenditure # (if applicable) | Payment Type | | | | | |
| | (i) applicable) | ☐ Reimbursen | ent for shared | expense \square | Surplus Distribut | ion | Amount of Receipt |
| Description | | <u>I</u> | | | | | _ |
| | | | | | | | |
| | | | SURTO | FAT. Section | n C — This P | 906 | |
| | | | | | | | 0 |
| | | | | | Section C Pa | | |
| | TOTAL OF AI (Sections C | LL COMMITT 1 + C2) (Enter to | EE CONTR al on Line 14 | IBUTIONS Column 4 of | AND RECEI | PTS | 0 |
| | | | | | | | |
| | | | | | | | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with | h Filing Repos | sitory) | ` | | TYPE OF | REPORT | |
|---|----------------|----------|-----------------|-------------|---------------|--------------------|--|
| Fortier 2017 | | | | | July 1 | I0 Amendmer | nt |
| Name of Lender | D. Loan: | s Receiv | ed this Peri | od | | | |
| Name of Lender | | | Source of Loan: | Candidate [| ☐ Individua | al 🔲 Other | Date of Receipt |
| Street Address | City | | | | State | Committee Zip Code | Is there a Cosigner or |
| | | | | | | | Guarantor of this loan? |
| Name of Cosigner/Guarantor (if applicable) | <u> </u> | | | | | <u> </u> | Yes No Amount Received |
| | _ | | | | | | Amount Received |
| Street Address | City | | - | *** | State | Zip Code | |
| News GL I | | | | | | , | |
| Name of Lender | | | Source of Loan: | Candidate [|] Individua | I ∏ Other | Date of Receipt |
| Street Address | City | | | | State | Committee Zip Code | T d |
| | | | | | | Zip Code | Is there a Cosigner or Guarantor of this loan? Yes No |
| Name of Cosigner/Guarantor (if applicable) | | | | | 1 | | Amount Received |
| Street Address | City | | | | Louis | Let a : | |
| | City | | | | State | Zip Code | |
| Name of Lender | | | Source of Loan: | | <u> </u> | | Date of Receipt |
| | | · | □ Bank □ 0 | Candidate [| Individual | Other Committee | - and ox recoupt |
| Street Address | City | | | | State | Zip Code | Is there a Cosigner or Guarantor of this loan? |
| Name of Cosigner/Guarantor (if applicable) | | | | | <u> </u> | | ☐ Yes ☐ No |
| | | | | | | · | Amount Received |
| Street Address | City | | | | State | Zip Code | |
| | | | | | | | |
| | | | TOTAL SEC | ETION D | | 0 | |
| E. Receipts from Entities other th | an Indiv | iduals o | r Other Co | mmittees | (Roforon | duna Committa | GANIL VI |
| Name of Entity | | | | | inejerem | ium Communee | S O/VLY) |
| | | | | | | | |
| Street Address | | | | Date R | teceived | | Amount Received |
| City | | State | Zip Code | | | | |
| | | Said | Zip Code | Aggre | gate Contribu | tions | |
| Name of Entity | | | | | | | |
| | | | | | | | |
| Street Address | | | | Date R | eceived | | Amount Received |
| City | | State | 17: 0.1 | | | | |
| | | State | Zip Code | Aggre | gate Contribu | tions | |
| Name of Entity | 1 | | | , | | | |
| | | | | | • | | |
| Street Address | | , | | Date R | eceived | | Amount Received |
| City | | | 1 | | | | |
| ALLY . | | State | Zip Code | Aggreg | ate Contribut | ions | |
| | | | | | | | |
| | | F | FOTAL SEC | TIONE | | 0 | |

| NAME OF COMMITTEE (Pro | ovide Complete Name as Regis | tered with Filing | Repository) | | 175 | PE OF REPORT | |
|------------------------|---|-------------------------|-----------------|----------------------|-----------------------------|-------------------------------------|--|
| Fortier 2017 | | | | | | July 10 Amendment | |
| F. An | nount Transferred | from Affi | liated Bus | iness Treasu | ry (Business E | ntity Committees ONLY) | |
| Date of Receipt | Is this transaction assoc event reported in Section | iated with an n L1? | ☐ Yes ☐ No | If yes, list Event # | | Amount | |
| Date of Receipt | Is this transaction assoc event reported in Sectio | | ☐ Yes ☐ No | If yes, list Event # | | Amount | |
| Date of Receipt | Is this transaction associate event reported in Section | ated with an n L1? | ☐ Yes ☐ No | If yes, list Event # | | Amount | |
| Date of Receipt | Is this transaction associ event reported in Section | ated with an 1 L1? | ☐ Yes ☐ No | If yes, list Event # | | Amount | |
| | | | | TOTAL S | ECTION F | . 0 | |
| C Amount Turnet | . Je Jemi | | | | | | |
| Date of Receipt | erred from Affilia | Date of Receipt | Union or | Other Organ | | Sury (Organization Committees ONLY) | |
| | | Date of Receipt | | | Date | of Receipt | |
| Amoun | t · | Amount | | | Amount | | |
| | | | | TOTAL SEC | SELONG | | |
| H. 1 | Personal Funds of | the Candid | ate Recei | ved this Perio | od (Candidate | Committees ONLY) | |
| | ☐ Cash | Po | ersonal Check | ☐ Cred | dit/Debit Card | Amount | |
| Date of Receipt | Method of payment: | □ Pe | ersonal Check | ☐ Cred | dit/Debit Card | Amount | |
| Oate of Receipt | Method of payment: | ☐ Pe | ersonal Check | ☐ Cred | lit/Debit Card | Amount | |
| Pate of Receipt | Method of payment: | ☐ Pe | ersonal Check | ☐ Cred | lit/Debit Card | Amount | |
| | | | | TOTAL S | SECTION H | 0 | |
| | | I. Ano | nymous (| Contributions | | | |
| amount. | Public Act 11-48, A If a committee r ediately remit the | eceives an contribution | anonymon to the | ous contributi | ion, the cam ns Enforcen | naign treasurer shall | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with F | iling Repository) | TYP | E OF R | EPORT | | |
|---|--|-----------|-----------|-------------|--------------|-------|
| Fortier 2017 | | | | July 10 A | Amendment | |
| J. Interest for | om Deposits in Authorized Accoun | | | | | |
| | | Date | Received | | Amount | |
| Street Address | City | State | Z | ip Code | | |
| Name of Institution | | Date 1 | Received | | | |
| | | Bate | CCCCIVCC | ` | Amount | |
| Street Address | City | State | Z | p Code | | |
| | TOTAL SECTIO | NJ | | | 0 | - |
| K. Miscellaneous Mo | netary Receipts not Considered Co | ntril | oution | 1S | U | |
| Name | | | | Transaction | Amount Rece | eived |
| Street Address | City | Stat | e | Zip Code | | |
| Description | | | | | | |
| Name | | Т. | 2 | | | |
| Table 1 | | ľ | Date of | Transaction | Amount Rece | eived |
| Street Address | City | State | ; | Zip Code | | |
| Description | | | | | | |
| Name | | Ţī | Date of T | ransaction | | |
| | | | | | Amount Rece | eived |
| Street Address | City | State | | Zip Code | | |
| Description | | | | L | | |
| Name | | I | Date of T | ransaction | Amount Recei | ived |
| Street Address | City | State | | Zip Code | | |
| Description | | | | | | |
| • | | | | | | |
| | TOTAL SECTION K | | | | | , |
| SUMMARY OF OTHER | MONETARY RECEIPTS (Section | s D t | hrou | gh K) | | |
| Total Loans Received this Period (Section D) | | | | | | |
| Total Receipts from Entities other than Individuals or Othe | er Committees (Section E) | + | | | | |
| Total Amount Transferred from Affiliated Business Treasu | | + | | | | |
| Total Amount Transferred from Affiliated Labor Union or | | | | | | |
| Total Amount of Personal Funds of the Candidate Received | | + | | | | |
| Total Missellenson Manaton Deposits in Authorized According to Missellenson Manaton Devictor (Continued Devictor) | | + | | | · | |
| Total Miscellaneous Monetary Receipts not Considered Co | ntributions (Section K) Total of Other Monetary | + Dogo | ints | | | |
| (Add Sections D through I | (Enter total on Line 15, Column A of Summury | Page T | otals) | | 0 | |

| | (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | | | |
|---|--|--|---|--------------------------------------|---------------------------|--------------------|---------------------------------|
| Fortier 2017 | | | | July 10 Ame | endm | ent | |
| Event # | L1. Even | t Infor | mation | | | | |
| Date of Event Letter | Description | | | | Was | this a fu | ndraising even |
| 06/23/17 A Location: Street Address | | | | | | Yes | □ No |
| 103 Garden St | | City | Bristol | | | State CT | Zip Code 06010 |
| Subpart 1: (All Commit | | | | | | | |
| Was this event hosted at | a personal residence? | ▼ Yes | Associated with a Hou purchases made by host | se Party and complete | e reau | ired infor | Contributions mation for any |
| Did this fundraiser included of up to \$200 or items do | de goods or services donated by a business entity nated by an individual of up to \$100? | ☐ Yes | s (If yes, go to Section La and complete required i | In-Kind Donations n | ot Coi | nsidered (| Contributions |
| Was this fundraiser a tag | sale, auction, or other sale of donated items | ☐ Yes | (If yes, enter Total Rece | ipts here.) | | | |
| with purchases from an in | ndividual of up to \$100? | ĭ X No | | | \$ | | |
| sign associated with this | | nittees ot | ther than Exploratory (If yes, go to Section L3 or on a Sign and comp | Purchases of Advertis | sing S j tion.) | pace in a | Program Book |
| Subpart 3: (Town Com | nittees ONLY) food or beverage at a fair or similar mass | | | | | | |
| gathering held within the | state with this fundraiser? | ⊔ Yes | (If yes, enter Total Rece | ipts here.) | \$ | | |
| | | 🔀 No | | | | | |
| Event # | | | | | | | |
| Date of Event Letter | Description | | | | | his a fun □ Yes | draising event? |
| Location: Street Address | L | City | | | | State | Zip Code |
| | | į | | | | | · |
| Subpart 1: (All Committ | | ــــــــــــــــــــــــــــــــــــــ | | | | | |
| Was this event hosted at a | a personal residence? | ☐ Yes☐ No | (If yes, go to Section L5 Associated with a Hous purchases made by host(| e Party and complete: | reauir | ed inforn | ontributions nation for any |
| Did this fundraiser included of up to \$200 or items do | e goods or services donated by a business entity nated by an individual of up to \$100? | | (If yes, go to Section L4 and complete required in | In-Kind Donations no aformation.) | ot Con | sidered C | ontributions |
| Was this fundraiser a tog | sale, auction, or other sale of donated items | □ No | | | | | |
| with purchases from an ir | idividual of up to \$100? | ⊔ Yes | (If yes, enter Total Recei | | \$ | | |
| Submard 2. (But C | | □ No | | · L | Ψ | | |
| sign associated with this t | | ittees oth ☐ Yes ☐ No | ner than Exploratory C (If yes, go to Section L3) or on a Sign and complete | Purchases of Advertisi | ing Sp. | ace in a P | 'rogram Book |
| Subpart 3: (Town Comm | ittees ONLY) ood or beverage at a fair or similar mass | П V | /If | | | | |
| gathering held within the | state with this fundraiser? | | (If yes, enter Total Receip | ots here.) | \$ | | |
| | | □ No | | <u></u> | | | |
| SUBTOTAL Section | n L1—Subpart 1 (All Committees) Total Receipts fro | m Sale o | f Donated Items — T | his Page | | | |
| | SUBTOTAL Section Total Receip | n L1—so ets from | abpart 3 <i>(Town Committe</i> Food Purchases — Tl | es ONLY) nis Page | | | |
| | | 'OTAL | of additional Section I | 1 Pages | | | |
| | TOTAL OF ALL RECEI | PTS FR Line 16a, | OM SMALL PURO Column A of Summary P | CHASES age Totals) | | 0 | |

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

| NAME OF COMMITTEE | (Provide Complete Name as Registe | red with Filing Reposit | orv) | | TYPE OF REPO | ORT | | |
|----------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------|-------------------------|----------|--------------------------------|----------------|
| Fortier 2017 | | | | | July 10 Am | | nt | |
| Name of Purchaser | L3. Purchase | es of Advertisi | ng in a Progra | m Book or | | | | |
| rame of the maser | , | | | | | | se Made By: | |
| | | | | | | 1 | siness Entity | ☐ Other |
| Street Address | | | City | | | ∐ Ind | | Proprietorship |
| | | | City | | | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Pr | ogram Ad Purch | ase | Amount of S | ign Purchase |
| Name of Purchaser | | | | | | | | |
| rvanic of 1 dichaser | | | | | | 1 | e Made By: | |
| | | | | | | | siness Entity | Other |
| Street Address | | | City | | | ∐ Inc | lividual/Sole I | |
| | | | | | | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Pro | gram Ad Purcha | ase | Amount of Si | gn Purchase |
| | | | | | | | | |
| Name of Purchaser | | | | | | Durches | e Made By: | |
| | | | | | | ı | siness Entity | ☐ Other |
| | | | | | | 1 | ividual/Sole F | |
| Street Address | | | City | | | | State | Zip Code |
| | | | | | | | | |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Pro | gram Ad Purcha | | L | <u> </u> |
| | | | | Amount 01110 | gram Au Furcha | ise 2 | Amount of Si | gn Purchase |
| Name of Purchaser | | | | | | Purchase | Made By: | |
| | | | , - | | | | iness Entity | ☐ Other |
| | | | | | | ☐ Ind | ividual/Sole P | roprietorship |
| Street Address | | j | City | | | | State | Zip Code |
| | | | | | | | | |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Pro | gram Ad Purcha | se A | mount of Sig | n Purchase |
| | | , | | • | | İ | | 5 - I un chase |
| Name of Purchaser | | | | | | | | |
| | | | | | | | Made By: | |
| • | | | | | | | iness Entity vidual/Sole Pr | Other |
| Street Address | | | City | | | III III | State State | Zip Code |
| | | | | | | | Suite | Σ,p Code |
| Date Received | Event # | Aggregate Purchases f | or All Events | Amount of Prop | gram Ad Purcha | se A | mount of Sig | n Purchase |
| | | | | | | | | |
| | SUBTOTAL Section L3 To | tal Purchases of | Advertising in Pro | ogram Book — | This Page | | 0 | |
| | SUBTOTAL Section | on L3 Total Purch | ases of Advertisi | ng on a Sign — | - This Page | | | |
| | | | TOTAL of ad | ditional Sectio | n L3 Pages | | | |
| TOTAL | OF ALL PURCHASES OF | F ADVERTISING (Enter total on L | IN A PROGRA ine 16c, Column A | M BOOK or C | N A SIGN age Totals) | | 0 | |

II. EVENT ACTIVITY (Sections L1—L5)

| NAME OF COMMITT | EE (Provide Complete Name as Regis | tered with Filing Repository |) | T | PE OF REPORT | | |
|------------------------------------|------------------------------------|---|-----------------|----------------------------|---------------|-------------|--------------------|
| Fortier 20 |)17 | | | | July 10 Amend | ment | |
| Name of Donor | L4. In- | Kind Donations] | Not Conside | | | | |
| J. Marie of Bonor | | | | | | | |
| Street Address | | | City | | | | |
| | | | City | | | State | Zip Code |
| Donation Given By: | Description of Donation | | | | E | M 1 487 | 1 25 |
| ☐ Business Entity | | | | | Fair | Market Va | lue of Donation |
| | Date Received | Event # | | Aggregate Value for thi | s Event | | |
| ☐ Sole Proprietorship | | | | | | | |
| Name of Donor | | <u> </u> | | | | | |
| | | | | | | | |
| Street Address | | | City | | | State | Zip Code |
| | | | | | | | |
| Donation Given By: | Description of Donation | | <u> </u> | | T | <u> </u> | |
| ☐ Business Entity | | | | | Fair | Market Val | ue of Donation |
| ☐ Individual | Date Received | Event # | | Aggregate Value for this | Event | | |
| ☐ Sole Proprietorship | | | | | | | |
| Name of Donor | | | | <u> </u> | | | |
| | | | | | | | |
| Street Address | | | City | | | State | Zip Code |
| | | | | | • | | |
| Donation Given By: | Description of Donation | * | <u>-L</u> | | Fair I | Market Val | ue of Donation |
| ☐ Business Entity | | | | | 7 | van Ket van | uc of Donation |
| ☐ Individual | Date Received | Event # | | Aggregate Value for this | Event | | |
| ☐ Sole Proprietorship | | | • | į | | | |
| Name of Donor | | | | | | | |
| | | | | | | | |
| Street Address | | | City | | | State | Zip Code |
| | | | | | | | |
| Donation Given By: | Description of Donation | | | | Fair N | Jarket Valu | e of Donation |
| ☐ Business Entity | | | | | | | or Bonation |
| ☐ Individual ☐ Sole Proprietorship | Date Received | Event # | | Aggregate value for this I | vent | | |
| - Soic Proprietorship | | | | | | | |
| | | SUBTO | TAL Section 1 | L4 — This Page | | | |
| | | TOTAL | of additional S | Section L4 Pages | | | |
| тот | AL OF ALL IN-KIND DON | ATIONS NOT CONS | SIDERED CO | NTRIBUTIONS | | | |
| | (Enter | total on Line 21, Colu | mn A of Summ | nary Page Totals) | 0 | | |
| | | | | | | | , |
| | | | | | | | |
| | | | | | | | |

II. EVENT ACTIVITY (Sections L1—L5)

| NAME OF COMMITTEE (P | rovide Complete Name as Registered with Filing Re | epository) | | TYPE OF RE | PORT | |
|-------------------------------|--|---|-----------------------------|--|-------------|------------------------------|
| Fortier 2017 | | | | July 10 | Amend | lment |
| L5. | In-Kind Donations Not Consid | lered Contributions Asso | ciated with a l | House Part | у | · |
| Karen Hintz | | | committee? | supporting mo Yes No omplete Itemiza |) | ne candidate on lendum L5 |
| Street Address | 01 | City | | | State | Zip Code |
| 103 Garde | en St | Bristol | | | CT | 06010 |
| | erages (tacos & beer & | margaritas) | | Fair Mari | | f Donation |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—th | is host/candidate | | | |
| 062317A | 272.22 | 272.22 | | | | |
| Name of Host | | | committee? | supporting mo □ Yes □ No mplete Itemizat |) | e candidate or |
| Street Address | | City | | | State | Zip Code |
| | | | | | | |
| Description of Donation | | | | Fair Mark | et Value o | f Donation |
| | | | | 2 444 17441 1 | et value o | Donation |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—thi | s host/candidate | | | |
| | | | | | | |
| Name of Host | | | Is this event s | upporting mo | e than on | candidate or |
| | | | committee? [| □ Yes □ No nplete Itemizat i | | ndum I 5 |
| Street Address | , | City | 1,700,000 | | State | Zip Code |
| | | | | | | |
| Description of Donation | | | | Fair Mark | et Value of | Donation |
| | | | | | or varae or | Donation |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this | s host/candidate | | | |
| | | | | | | |
| Name of Host | | | Is this event su committee? | I Yes □ No | | |
| Street Address | | City | If yes, con | nplete Itemizati | | |
| | | City | | | State | Zip Code |
| Description of Donation | | | | Fair Marke | t Value of | Donation |
| | | | | | | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this | host/candidate | | | |
| | | SUBTOTAL Section L5 — | - This Page | 272. | 22 | |
| | 1 | | | 212. | <u> </u> | |
| | | FOTAL of additional Sectio | | | | |
| TOTAL OF ASSOCIATED WITH A | FALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on | OT CONSIDERED CONTR Line 22, Column A of Summary | | 272 | .22 | |
| | | | | | | |
| | | | | | | |

Section L5. ADDENDUM PAGE __1 of _1

| NAME OF COMMITTEE | TYPE OF REPORT | |
|-------------------|--|--------------------------|
| Fortier 2017 | | July 10 Amendment |
| L5. In-Kind Don: | ations Not Considered Contributions Associated with | a House Party — Addendum |
| 062317A | Name of Candidate or Committee Brittany Barney / Brittany for Bristol | |
| Event # | Name of Candidate or Committee | |
| Event # | Name of Candidate or Committee | · . |
| Event # | Name of Candidate or Committee | |
| Event # | Name of Candidate or Committee | |
| Event # | Name of Candidate or Committee | |
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| Event # | Name of Candidate or Committee | |

| NAME OF COMMITTEE (Provide Complete | Name as Registere | d with Filing Reposit | ary) | | TYPE OF REP | ORT | - | |
|---|--|--|--|--|--|------------------|-------------|------------------------------|
| Fortier 2017 | | | | | July 10 Ar | mendmen | ıt | |
| Name | | M. In-I | Kind Conti | ibutions | | | | |
| Street Address | | · · · · · · · · · · · · · · · · · · · | la | | | | | |
| Succe Address | | | Ci | ty | | | State | Zip Code |
| Type of contributor: | Date Received | Aggregate Co | ontributions | Description of In-Kir | nd Contribution | | 1 | |
| ☐ Individual / Sole Proprietorship ☐ Other | | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | If contribution does contribut valued at more | or or business he/sl | 00 to a candidate he is associated | e for a chief executive with have a contract Yes No | e officer of a munici with said municipal | ipality, ity | | Market Value Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | \square No \square | ntributor a principa fyes, indicate which government the co | ch branch or br | a state contractor or prospective state contractor? | | | | Contribution |
| Name | | | THE STATE OF THE S | | Legislative | | | |
| | | | | | | | | |
| Street Address | | | Cit | у | | | State | Zip Code |
| Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other | Date Received | Aggregate Co | ntributions | Description of In-Kin | d Contribution | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | If contribution does contribute valued at more | tor or business he/s | 00 to a candidat the is associated | e for a chief executiv with have a contract Yes No | e officer of a munic with said municipal | ipality, lity | | Market Value Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | □ No If | tributor a principal yes, indicate which government the co | h branch or bra | | state contractor? | □Yes □No | | |
| Name | <u> </u> | | | | Liegisiative | | | |
| Street Address | | | In: | | | | | |
| | | | Cit | | | , | State | Zip Code |
| Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other | Date Received | Aggregate Cor | ntributions | Description of In-Kind | l Contribution | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | If contribution does contribut valued at more | or or business he/sl | 00 to a candidate he is associated | e for a chief executive with have a contract Yes No | e officer of a munici with said municipal | pality, ity | | Iarket Value Contribution |
| | \square No If: | tributor a principal yes, indicate which government the cor | n branch or bra | actor or prospective s | tate contractor? | □Yes □ No | | |
| | | SUI | BTOTAL Sec | tion M — This Pa | | | | |
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| TOTAL OF ALL IN-KIND CONT | PRINTION | | | nal Section M Pag | | | | |
| TOTAL OF ALL INVALID CONT | | | - | | | | | |
| Last Name of Individual | N. Ref | undable Depo | | phone Compai | | | | |
| | | | First | | N | (I D | ate Deposit | Made : |
| Residential Street Address | | City | | | State Zip Cod | le I | A | mount of |
| · | | | | | | | | Deposit |
| Name of Telephone Company | | | | | | | | |
| Street Address | | City | | | State Zip Cod | e | - | |
| TOTAL SEC | CTION N (En | ter total on Line 2 | 4, Column A of | Summary Page Tota | rks) | 0 | | |

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

| NAME OF COMMIT | TEE (Provide Complete Name as Registered with Filing Repository) |) | TYPE OF REPORT | | 1 1190 10 0117 |
|----------------------------------|--|---|-------------------|--|---------------------------------------|
| Fortier 201 | 7 | | July 10 Amendm | ent | |
| Name of Payee | P. Expenses | Paid by Committee | | | |
| Name of Fayee | | | Date of Payment | Method of F | |
| | | | | Debit (| |
| Street Address | | City | | State | Zip Code |
| | | | | | , |
| Purpose of Expenditure (by code) | Description | | Event # | 1 | Amount |
| | | | | | e e e e e e e e e e e e e e e e e e e |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required un | nless "None of the below" is | checked) | 1 | |
| , | ☐ None of the below | | | | |
| | ☐ Coordinated with reimbursement sought (joint expenditur ☐ Coordinated without reimbursement sought (in-kind contr | | | | |
| Name of Payee | — sought (in kind coint | Organiza | Date of Payment | Method of Pa | oviment: |
| | | | | Check # | |
| Street Address | | | | ☐ Debit C | |
| Succi Address | | City | | State | Zip Code |
| | | | | | ı |
| Purpose of Expenditure | Description | | Event# | | Amount |
| (by code) | | | | 1 | Kinount |
| Expenditure # | The ST of the Manifestine in All III D. D. D. I. | 7 ((3) | | 4 | |
| (if applicable) | Type of Expenditure (Itemization in Addendum P Required un | less "None of the below" is a | checked) | | |
| | ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure | e) Independ | lent | | |
| | Coordinated without reimbursement sought (in-kind contri | | tion: OA OB OC OD | | |
| Name of Payee | | | Date of Payment | Method of Pa | yment: |
| | | | | ☐ Check # | |
| Street Address | | City | | Debit C | |
| | | · | | State | Zip Code |
| | | | | | |
| Purpose of Expenditure (by code) | Description | | Event # | A | mount |
| | | | | | |
| Expenditure # | Type of Expenditure (Itemization in Addendum P Required un | nless "None of the below" is | checked) | | · |
| (if applicable) | ☐ None of the below | | - | | |
| | Coordinated with reimbursement sought (joint expenditur | _ · | | | |
| N CD | Coordinated without reimbursement sought (in-kind contr | ribution) | tion: OA OB OC OD | | |
| Name of Payee | | | Date of Payment | Method of Pay | · . |
| | | | | Check # | |
| Street Address | | City | | Debit Ca | ard DEFT Zip Code |
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| Purpose of Expenditure | Description | | T | <u> </u> | |
| (by code) | Description | | Event # | A | mount |
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| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required uni | less "None of the below" is c | checked) | | |
| (i) approunts | ☐ None of the below | | · | | |
| | ☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contril | • | | | |
| | Coordinated without reimbursement sought (in-kind contrit | bution) | ion: oA oB oC oD | | |
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| | TO | FAL of additional Section | n P Pages | | |
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| | TOTAL OF ALL EXPEN | NSES PAID BY COM 19, Column A of Summary 1 | |) | |

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| Fortier 2017 | | | | July 10 Amend | ment | | | | | |
| | | penses Paid by Cand | lidate | | | | | | | |
| Name of Payee (Name of | Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | Is reim | burseme | nt claimed? | | | |
| | | | | | 1 - | Yes | □ No | | | |
| Street Address | | City | | L | State | | | | | |
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| Purpose of Expenditure | | | | | | İ | | | | |
| (by code) | Description | | Event | # | | Amou | ıt | | | |
| | | | | | | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment | | | | | | Is reimbursement claimed? | | | | |
| | | | | • | | | | | | |
| Street Address | | City | | | | Yes [| _ No | | | |
| | | Chy | | | State | Zip Co | de | | | |
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| Purpose of Expenditure (by code) | Description | | Event # | 1 | | Amoun | t | | | |
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| Name of Payee (Name of | Vendor, Person or Entity who candidate paid directly) | | Ц_ | Date of Payment | | | | | | |
| · · · · · · | , , , , , , , , , , , , , , , , , , , | | | Date of Payment | Is reimb | oursemen | t claimed? | | | |
| Street Address | | | | 1 | | Yes [|] No | | | |
| Street Address | | City | | | State | Zip Co | de | | | |
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| Purpose of Expenditure | Description | | Event # | | | Amoun | | | | |
| (by code) | | | | | | AMOUN | ι | | | |
| Name of Poyes (Name of I | endor, Person or Entity who candidate paid directly) | | | | - | | | | | |
| rvaine of rayee (rvame of v | renaor, reison or Entity who candidate paid directly) | | 1 | Date of Payment | Is reimb | ursement | claimed? | | | |
| | | | | | | Yes [|] No | | | |
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| Purpose of Expenditure | Description | | Event # | | | | | | | |
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| Fortier 2017 | | | | | July 10 Amen | dment | |
| Name of Issuing Insti | R. Expenses Incurre | | | edit Card | | | |
| | | Type of Cred ☐ Visa | III Card: | Card 🗖 D | liscover 🗖 Ame | riaan Evmaa | a. DOM. |
| Name of Vendor, Person or Entity ☐ Visa ☐ Master Card ☐ Discover ☐ Americ | | | | | | | |
| | | | | | | | Transaction |
| Street Address | | City | | *** | | State | Zip Code |
| | | | | | | | |
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| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required | unless "None | of the below" | is checked) | | - | |
| | □ None of the below □ Coordinated with reimbursement sought (joint expenditure) □ Coordinated without reimbursement sought (in-kind contribution) □ Organization: ○ A ○ B ○ C ○ D | | | | | | |
| Name of Vendor, Person o | r Entity | | | | | | ransaction |
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| | TOTA | L of addition | nal Section | R Pages | | | |
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| NAME OF COMMIT | TEE (Provide Complete Name as Registered with Filing Repos | ilani) | TYPE OF REPORT | | |
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| Fortier 2017 | <u> </u> | | July 10 Amer | ndment | |
| | S. Expenses Incurred by Co | ommittee but Not Paid | | IGITIOTIC | |
| Name of Creditor | | | | Date Incu | ured |
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| Street Address | | City | | State | Zip Code |
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| Purpose of Expenditure (by code) | Description | | Event # | | nount Incurred stimate or Actual) |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum S Requirement None of the below Coordinated with reimbursement sought (joint expectation) Coordinated without reimbursement sought (in-king) | Indep | oendent nization: OAOBOCO1 | – | |
| Name of Creditor | | | | Date Incur | red |
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| | Previously reported E | xpenses Unpaid and still O | utstanding | | |
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| NAME OF COMMITT | EE (Provide Complete Name as Registered with Filing Reposito | and | | Inv | DE OF DE | PROPER | | |
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| Fortier 2017 TYPE OF REPORT July 10 Amendment | | | | | | | | |
| | T. Itemization of Reim | bu | rsements and Secon | | | | 110 | |
| Last Name of Worker/Cons | | $\overline{}$ | First | - | | MI | Date of Person o | Payment to Vendor, or Entity |
| Name of Vendor, Person or | r Entity Paid by Committee Worker/Consultant | 丄 | | | | | | |
| | . Elliny I aid by Collisiance Worker Constitution | | | | reported in | n Section P: | Committee \ | Worker/Consultant as |
| Street Address of Vendor, 1 | Person or Entity Paid by Committee Worker/Consultant | - | City | | ☐ Chec | | | ebit Card |
| | | _ | City | | | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | | Event # | | | | Amount |
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| Last Name of Worker/Cons | | _ | ontribution) | ation: o A | о В о | | | 77 1 |
| | | Fii | rst | | | MI | Date of P Person or | Payment to Vendor, r Entity |
| Name of Vendor, Person or | Entity Paid by Committee Worker/Consultant | | | | reported in | Section P: | | Worker/Consultant as |
| Street Address of Vendor, F | Person or Entity Paid by Committee Worker/Consultant | \neg | City | | ☐ Checl | | Deb State | bit Card |
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| Last Name of Worker/Const | | Firs | □ Organiza | ition: O A | | | Data of D | |
| | | | 131 | | | MI | Person or | ayment to Vendor, Entity |
| Name of Vendor, Person or | Entity Paid by Committee Worker/Consultant | | | . 1 | reported in S | Section P: | _ | /orker/Consultant as |
| Street Address of Vendor, P | Person or Entity Paid by Committee Worker/Consultant | 丁 | City | | ☐ Check | | Deb | it Card |
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| Purpose of Expenditure (by code) | Description | | E | Event # | | | A | Amount |
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